

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## *Presidential Address, Health Officers' Section, League of California Municipalities, Monterey, September 21, 1931*

GILES S. PORTER, M. D., Director, State Department of Public Health

The privilege of addressing the Health Officers' Section of the League of California Municipalities is one of the pleasant duties to which I have fallen heir. It has been my pleasure, during the few months that I have held office in the State Department of Public Health, to interview many of you in your local fields of work and I hope, eventually, to call upon every local health officer and to learn, at first hand, how the State department may be of greater service in the local community. Most local health departments are truly self-sustaining; they employ trained personnels and are equipped, thoroughly, to handle all local health problems without assistance. There are times, however, when the State organization is able to supplement local work and give the local health officer a backing that may be essential to success. It is service of this sort that the State Department of Public Health desires to provide. It is never the intention to interfere in any local work but it is the earnest desire to provide service where and when it may be wanted. It is always the aim of the State department to work *with* the local health officer—never independently.

This meeting is of importance because it provides the single annual opportunity for the health officers of California to meet together. The formal program is helpful and the discussions from the floor are always stimulating. Equally important, however, is the contact with fellow health officers and the informal interchange of opinions and narration of methods of procedure in public health administration. These

informal contacts alone are often worth the trouble and expense involved in attendance. It is unfortunate that every health officer in the State is not present at this meeting. Trimmed budgets have, no doubt, prevented the attendance of many officials. In some states there is a law which requires health officers to attend their annual meeting and which also requires the cities and counties to pay their traveling expenses. This is a drastic procedure and might prove unpopular in California, but it is interesting as a measure to compel attendance. We can have no complaint, however, since the Health Officers' Section of the League of California Municipalities is, each year, the most largely attended of any section in the whole organization. The large, spontaneous attendance is, perhaps, to be preferred.

Public health conditions in California, generally, have been very good since the last meeting of this organization. We met last year in the midst of an extensive outbreak of acute epidemic poliomyelitis. Fortunately, this year, we are escaping the outbreak of this disease which is sweeping through eastern and middle western states. We have nothing new to present in the control of this disease. Prompt discovery of cases, isolation, complete rest in bed and immediate administration of serum still constitute our most effective weapons in dealing with poliomyelitis. The amount of residual paralysis following last season's outbreak in California was not so extensive as believed at first. Surveys made under the provisions of the



so-called Crippled Children's Act have brought to light many cases of paralysis and muscle weakness which have been placed under treatment. This act is a valuable piece of legislation and you will learn more of its operation at a coming session of this convention. The contrast between 449 cases of epidemic poliomyelitis reported in July of 1930, against 24 such cases reported in July of 1931, is very great. Next year we may not be so fortunate. It is very important that health officers be alert to discover cases of this disease that may occur during the late winter and spring. Very often an increased prevalence at this season of the year is a forerunner of what is to come in late summer and fall and thorough reporting of cases is particularly valuable in determining an index. The general public justifiably fears this disease—more, perhaps, than any other, and we have certain responsibilities in providing as full and complete information relative to its prevalence and control as may be available.

Smallpox has almost disappeared from the State. There were but 28 cases of this disease reported last month, but in January of the present year there were 457 such cases reported. There is nothing new to be said regarding the control of this disease. It is an axiom that smallpox does not become epidemic in a community 50 per cent of whose residents have been successfully vaccinated. Health officers who are fortunate in having sufficient funds to provide equipment and personnel for this work are able to keep their communities free from smallpox epidemics.

Not a single case of human plague has occurred in California since September, 1928. This provides no excuse for not maintaining a close watch on this disease, however. Infected rodents are discovered with considerable regularity and sooner or later cases in human beings are liable to occur. I would ask health officers to watch particularly for pneumonia, and especially groups of pneumonia cases that may be suspicious of plague. When this disease appears it is liable to sneak in the back door and whether it appears in its bubonic, pneumonic or septicemic form we must be alert to detect it.

Epidemic meningitis has not caused as much trouble as it did two and three years ago, but the status of the disease is such that great vigilance is required in its control. We have been spared, recently, the risk of cases of this disease that might be imported from Oriental ports. There is no doubt, however, that we always have a certain number of carriers of this disease in our midst and there is a possibility that carriers among Filipinos and other Orientals play some role in the transmission of this disease among the general population.

Typhoid fever remains in a nominal state of control. With a typhoid death rate of less than two per 100,000 population we may well be proud of our record in subduing this disease. When the problems involved in ditch water, irrigation canals and stream pollution are considered, we may well wonder that we have been able to obtain so low a typhoid death rate. If we were able to solve these problems, definitely, it is probable that we might achieve a death rate of less than one per 100,000 population.

Measles, during the past year, has ridden on its periodical high wave. In April of this year 7372 cases of the disease were reported in California. It has now dropped to 197 cases reported last month. There have been more than 27,000 cases reported this year, which number is not as high as has occurred in many preceding waves.

Diphtheria, during the past year, has been on good behavior. The extension of immunization programs has been a factor in this—but not the only factor. As time goes on we come to the realization that the control of diphtheria is dependent upon many factors and that cases of this disease will occur in spite of our efforts to control it. Treatment, the use of virulence tests and careful supervision of patients are also important factors in the prevention of diphtheria. Immunization is a most valuable procedure but along with it there must be the continued exercise of old stand-by control measures. No plan for diphtheria control is complete without the employment of a small arsenal of weapons.

Scarlet fever, in mild form generally, has been quite prevalent during the past year. The same is true of whooping cough. It is unfortunate that the mothers of very young children are not better informed relative to the great danger involved in the contraction of whooping cough. It would seem that educational work in checking whooping cough among very young children may be one of our greatest opportunities to save infant lives. In 1930, 198 children in California died of whooping cough, and 185, or 93.4 per cent of them were under four years of age. Health centers and clinics might well concentrate on the problems presented by this disease which takes so many young lives.

Nine cases of relapsing fever have been reported in California this year and five such cases were reported in 1930. All of them occurred in certain mountain counties of both northern and southern California. Sources of infection for some of these cases were in other neighboring states. With the assistance of Dr. K. F. Meyer, consultant to the State Department of Public Health, and Professor W. B. Herms of the University of California, intensive investigations into this



disease as it appears in California, have been undertaken. Definite conclusions relative to the vector involved in the transmission of the disease have not been determined, but it is probably one of the ornithodorus ticks. This disease was made reportable in California July 11, 1931. Cases occur generally in June, July and August, but they may appear in September as well as earlier in the season. The State Department of Public Health and Dr. Meyer would appreciate an immediate report of any cases that may be suspicious of this disease.

This brief resume of the status of the quarantinable diseases sketches the high lights only. It does not enter into many of the acute problems that face the public health administrator. The general health conditions throughout California are excellent, due in no small part to the excellence of the service provided by local health officers. To be sure, we have looming ahead of us public health problems that may be associated with unemployment and lack of food. The coming winter may provide a severe test for each one of us. I feel confident, however, that, based upon the records of the past, we shall be able to cope successfully with the many exigencies that may arise. We do not know exactly what the future may hold for us, but I am sure that we shall all of us stand by our guns and do all that is humanly possible to alleviate the sufferings of fellow human beings and at the same time do our utmost to safeguard the public health of our beloved State of California.

### 1931 HEALTH CONSERVATION CONTEST ANNOUNCED

The United States Chamber of Commerce Inter-Chamber Health Conservation Contest for 1931 has been announced. This is the third year in which these competitive tests between American cities have been carried on and California municipalities have shown an active interest, each year, in the contests. A large number of California cities have enrolled each year and some of them have succeeded in winning marked recognition for their advances in public health administration. Last year Alhambra won first place among cities in its same class of population. San Francisco, Pasadena and Palo Alto also received honorable mention in their respective groups. Other California cities have received honorable mention in preceding contests. The plan for 1931 is similar to the plans that were used in 1929 and 1930. As before, a city will compete only with cities of its same population. The groups, according to population, will be as follows:

Class 1. Cities over 500,000 population.

Class 2. Cities between 250,000 and 500,000 population.

Class 3. Cities between 100,000 and 250,000 population.

Class 4. Cities between 50,000 and 100,000 population.

Class 5. Cities between 20,000 and 50,000 population.

Class 6. Cities under 20,000 population.

The data required in the competition will cover the period from January 1 to December 31, 1931, inclusive. A fact-finding schedule which will include questions covering the items on which the contending cities are to be graded will be sent to all entrants. This must be filled out and returned to the Insurance Department of the Chamber of Commerce of the United States, Washington, D. C., as soon as possible after the close of 1931. The main items considered in the schedule are: the organization and equipment of the local health department for disease control; financial support, both official and voluntary; facilities for health information and education; water connections; sewage disposal; and milk supply.

These contests have provided greater interest in public health administration in the various communities which have entered. A noteworthy feature of the 1930 contest was that every winning and honor city in 1930, which had competed in 1929, showed a decided increase in score for the second year of the competition. In many cases the increase was as great as 30 or 40 per cent. It is hoped that a large number of California cities may become enrolled in the 1931 contest.

Superstition is the religion of feeble minds.—*Edmund Burke.*

Employment is nature's physician, and is essential to human happiness.—*Galen.*

Learning in one man's hand is a sceptre; in another's a bauble.—*Michel De Montaigne.*

### MORBIDITY\*

#### Diphtheria.

34 cases of diphtheria have been reported, as follows: Los Angeles County 3, Glendale 1, Los Angeles 7, San Gabriel 2, Santa Monica 2, Lynwood 2, Monterey County 2, Orange County 1, Corona 1, Riverside 1, Sacramento 4, San Benito County 2, San Bernardino County 1, Redwood City 1, Santa Clara County 1, Vallejo 2, Ventura 1.

#### Scarlet Fever.

53 cases of scarlet fever have been reported, as follows: Oakland 7, Contra Costa County 1, Glenn County 1, Bakersfield 3, Los Angeles County 1, Alhambra 2, Huntington Park 1, Long

\* From reports received on September 21st and 22d for week ending September 19th.



Beach 1, Los Angeles 16, South Pasadena 1, Madera County 1, Pacific Grove 1, Riverside County 3, Riverside 1, San Diego 1, San Francisco 3, San Luis Obispo 2, Santa Barbara County 1, Santa Barbara 1, Palo Alto 1, Stanislaus County 3, Modesto 1.

#### Measles.

73 cases of measles have been reported, as follows: Oakland 2, Contra Costa County 2, Humboldt County 21, Los Angeles 4, San Fernando 1, Bell 1, Pacific Grove 1, Fullerton 1, Sacramento 3, San Francisco 20, Stockton 2, Santa Barbara County 1, Santa Clara County 1, Santa Cruz County 10, Tulare County 1, Dinuba 1, Ventura County 1, Fillmore 1.

#### Smallpox.

4 cases of smallpox have been reported, as follows: Monterey County 1, San Francisco 2, California 1.\*\*

#### Typhoid Fever.

31 cases of typhoid fever have been reported, as follows: Butte County 1, Gridley 1, Fresno 1, Burbank 1, Los Angeles 3, San Gabriel 1, Madera County 3, Sacramento 2, San Francisco 11, San Joaquin County 1, Santa Barbara 1, Santa Clara County 1, San Jose 2, Tulare County 1, California 1.\*\*

#### Whooping Cough.

102 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 7, Oakland 10, Contra Costa County 1, Los Angeles County 7, Compton 1, Long Beach 1, Los Angeles 10, Pasadena 6, San Fernando 1, San Gabriel 1, San Marino 1, Santa Monica 1, Monterey Park 2, Carmel 1, Huntington Beach 4, Santa Ana 1, Sacramento 3, San Diego 3, San Francisco 5, San Joaquin County 3, Lodi 1, Stockton 5, San Luis Obispo County 2, San Luis Obispo 3, Santa Barbara 7, Santa Maria 1,

Santa Clara County 3, Palo Alto 1, San Jose 6, Ventura County 1, Fillmore 2.

#### Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: San Francisco 1, South San Francisco 1, Porterville 1.

#### Poliomyelitis.

8 cases of poliomyelitis have been reported, as follows: Berkeley 1, Fresno County 1, Glendale 1, Huntington Park 1, Los Angeles 1, Riverside County 1, San Francisco 1, California 1.\*\*

#### Encephalitis (Epidemic).

Santa Ana reported one case of epidemic encephalitis.

#### Jaundice (Epidemic).

Tulare County reported one case of epidemic jaundice.

#### Food Poisoning.

11 cases of food poisoning have been reported, as follows: Los Angeles County 6, Huntington Park 1, South Gate 1, Maywood 3.

#### Undulant Fever.

2 cases of undulant fever have been reported, as follows: West Covina 1, Riverside 1.

#### Septic Sore Throat.

Contra Costa County reported one case of septic sore throat.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

### COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Sept. 19 received by Sept. 22	Week ending			Reports for week ending Sept. 20 received by Sept. 23
	Aug. 29	Sept. 5	Sept. 12		Aug. 30	Sept. 6	Sept. 13	
Botulism	0	0	0	0	0	0	5	0
Chickenpox	27	26	23	53	24	45	48	59
Coccidioidal granuloma	0	2	0	0	0	0	0	3
Diphtheria	31	31	32	34	30	30	37	16
Dysentery (Amoebic)	3	1	1	1	2	1	0	0
Dysentery (Bacillary)	3	8	4	6	2	1	1	6
Encephalitis (Epidemic)	0	1	1	1	2	4	4	2
Erysipelas	8	6	12	5	3	9	10	5
Food poisoning	2	0	2	11	34	10	3	8
German Measles	3	2	7	6	9	9	9	3
Gonococcus Infection	294	176	127	153	121	108	200	143
Influenza	15	20	15	27	17	13	13	11
Jaundice (Epidemic)	4	1	0	1	0	0	0	0
Leprosy	1	0	0	0	0	0	0	0
Malaria	0	2	2	1	23	3	1	0
Measles	48	64	44	73	79	43	48	41
Meningitis (Epidemic)	4	2	3	3	5	2	3	3
Mumps	24	31	24	44	62	70	91	84
Ophthalmia Neonatorum	0	0	1	0	0	0	0	0
Paratyphoid Fever	0	2	1	2	0	0	1	1
Pellagra	2	2	0	3	4	0	1	1
Pneumonia (Lobar)	24	15	20	23	36	34	18	24
Poliomyelitis	6	10	10	8	62	49	62	66
Rabies (Animal)	13	3	4	3	12	16	14	8
Relapsing Fever	2	1	0	0	0	0	0	0
Scarlet Fever	57	64	35	53	35	31	40	34
Septic Sore Throat	1	1	0	1	0	0	0	0
Smallpox	4	3	1	4	13	11	11	3
Syphilis	219	196	241	182	140	108	119	183
Tetanus	0	2	4	1	1	1	0	0
Trachoma	1	5	2	2	3	3	9	3
Trichinosis	0	0	0	0	2	0	0	0
Tuberculosis	183	176	134	164	201	240	173	151
Tularemia	0	0	0	0	1	0	0	0
Typhoid Fever	22	18	19	31	18	16	16	20
Undulant Fever	3	2	0	2	3	5	1	1
Whooping Cough	173	177	93	102	102	93	123	107
Totals	1,177	1,050	862	1,000	1,046	955	1,061	986

Typhoid fever shows an increased prevalence.

Animal rabies has dropped to three cases reported last week.

Nearly all of the reportable diseases are at low stages.

Poliomyelitis continues to remain at low prevalence.

Food poisoning still occurs with considerable regularity.